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TO: Examiner Roz Maiorino
Technology Center 3763

COMPANY: U.S. Patent and Trademark Office

FROM: Gregory L. Bradley

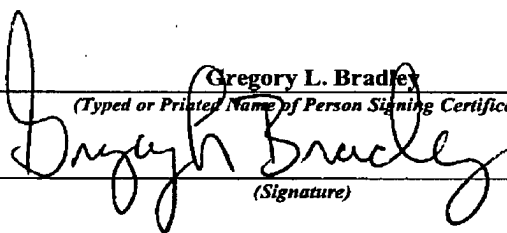
DATE: July 13, 2004

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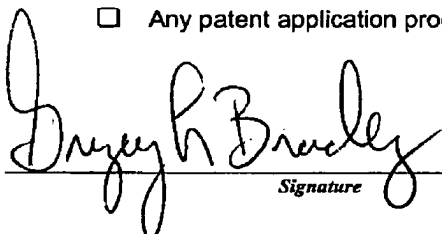
NUMBER OF SHEETS: (Including cover page): 15

Re: Response to Final Action and Request for Consideration of IDS
for Application Serial No. 10/067,003

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): REILLY et al.			Docket No. VI/01-009	
Application No. 10/067,003	Filing Date 02/04/2002	Examiner Ghazfoorian, Roz	Group Art Unit 3763	
Invention: SYRINGE LOADING DEVICES FOR USE WITH SYRINGES AND MEDICAL INJECTORS				
<p>I hereby certify that this <u>Response to Final Action and Request for Consideration of IDS Filed On 7/7/2003</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>July 13, 2004</u> (Date)</p> <div style="text-align: center;"><p><u>Gregory L. Bradley</u> (Typed or Printed Name of Person Signing Certificate)</p><p> (Signature)</p></div> <p>Note: Each paper must have its own certificate of mailing.</p>				

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. VI/01-009	
Applicant(s): REILLY et al.					
Application No. 10/067,003	Filing Date 02/04/2002	Examiner Ghafoorian, Roz	Customer No. 21140	Group Art Unit 3763	Confirmation No. 5697
Invention: SYRINGE LOADING DEVICES FOR USE WITH SYRINGES AND MEDICAL INJECTORS					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9 -	37 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	4 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="margin-top: 20px;"><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <div style="margin-left: 20px;"><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div></div> <div style="margin-top: 20px;"> _____ Signature</div> <div style="margin-top: 20px;">Gregory L. Bradley MEDRAD, INC. One Medrad Drive Indianola, PA 15051</div> <div style="margin-top: 20px;">Dated: July 13, 2004</div>					
<div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="border-top: 1px solid black; height: 40px; margin-top: 10px;"></div> <div style="text-align: center; font-size: small;">Signature of Person Mailing Correspondence</div> <div style="border-top: 1px solid black; height: 40px; margin-top: 10px;"></div> <div style="text-align: center; font-size: small;">Typed or Printed Name of Person Mailing Correspondence</div>					
CC:					

P11LARGE/REV07

The date stamp of the Patent Office hereon may be considered as the date on which papers indicated below were received.

Title Syringe Loading Devices For Use With Syringes And Medical Injectors

Docket Number VI/01-009

Transmittal of IDS; PTO-1449 with cited references; return receipt post card.

Date Mailed 7/7/2003

Serial Number 10/067,003

